Bankers Life and Casualty Company

GR-N340

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit A	mounts		Elimination F	Periods			
✓ 1 Yr. ✓ 2 Yrs. ✓ 5 Yrs. ✓ 6 Yrs. ✓ Important Company Notes: 2920 days is equivalent to 8 years.	✓ 3 Yrs.☐ 7 Yrs.	✓ 4 Yrs.✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	 ✓ 60 days ✓ 90 days ☐ 100 days	TYPE ☐ Calendar Day ✓ Service Day		
2020 days to oquivatoric to o yours.			Inflation Prof	tection			
			✓ 5% Compou ✓ 5% Simple		ed Purchase Option Company Notes		
Nursing Home Daily Bene	Nursing Home Daily Benefit Amounts				Also availble are 3% and 4% compound inflation options. The Maximum Daily Benefit Amount and the Maximum Benefit Amount per		
\$40 minimum to \$300 maximum offered in increments of \$10. ✓ per day □ per week	m per [day, we ☐ per month	-	claim episode are i	nent Amount and the Max increased each policy ann nout regard to claims paid.	iversary by the selected		
☐ Not Available							
☐ Important Company Notes:			Residential (Care Facility Daily	Benefit Amounts		
			Represents the Benefit Amount 100% 70%	percentage of the N .	0%		

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any attached riders and spouse's premium if covered under the same policy.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$284	\$777	\$258	\$708	\$386	\$1,147
55	\$374	\$999	\$341	\$910	\$514	\$1,456
60	\$550	\$1,332	\$501	\$1,213	\$755	\$1,930
65	\$868	\$1,845	\$790	\$1,681	\$1,189	\$2,664
70	\$1,469	\$2,698	\$1,338	\$2,458	\$2,024	\$3,894
75	\$2,517	\$4,047	\$2,294	\$3,687	\$3,422	\$5,725
80	\$4,128	\$6,161	\$3,761	\$5,614	\$0	\$0

General Electric Capital Assurance Company

7032AZ

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum P	olicy Benefit A	Amounts		Elimination F	Periods	
✓ 1 Yr. ☐ 5 Yrs. ☐ Important C	✓ 2 Yrs. ✓ 6 Yrs. company Notes:	✓ 3 Yrs. ☐ 7 Yrs.	✓ 4 Yrs. ✓ Lifetime	□ 0 days□ 20 days☑ 30 days	☐ 60 days☑ 90 days☐ 100 days	TYPE ☐ Calendar Day ☐ Service Day
				Inflation Pro	tection	
Nursing Hon	ne Daily Bene	fit Amounts		✓ 5% Composition ✓ 5% Simple Simple 5%, Composition	✓ Important	ed Purchase Option Company Notes
\$50 minimum offered in incre ✓ per day ☐ Not Availab	☐ per week	m per [day, we	-			
☐ Important C	company Notes:			Residential (Care Facility Dail	y Benefit Amounts
ps.tant o				Represents the Benefit Amount 100%	e percentage of the Nt.	30%

Waiver of Premium

Waiver of premium applies once the elimination period has been satisfied.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$300	\$630	\$210	\$460	\$350	\$790
55	\$370	\$790	\$270	\$580	\$470	\$1,040
60	\$600	\$1,190	\$460	\$910	\$780	\$1,640
65	\$990	\$1,920	\$790	\$1,530	\$1,390	\$2,810
70	\$1,610	\$2,920	\$1,250	\$2,250	\$2,210	\$4,160
75	\$2,660	\$4,240	\$2,050	\$3,290	\$3,600	\$6,070
80	\$4,320	\$6,180	\$3,350	\$4,800	\$5,970	\$8,790

Massachusetts Mutual Life Insurance Company

MM-201-P-1-CA(Q)

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum F	Policy Benefit A	Amounts		Elimination I	Periods	
☐ 1 Yr. ☐ 5 Yrs. ☐ Important C	☐ 2 Yrs. ☑ 6 Yrs. Company Notes:	✓ 3 Yrs. ☐ 7 Yrs.	☐ 4 Yrs. ✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	☐ 60 days☑ 90 days☐ 100 days	TYPE ☐ Calendar Day ✓ Service Day
				Inflation Pro	tection	
\$50 minimum	me Daily Bene to \$300 maximurements of \$10. per week		eek or month]		✓ Important	ed Purchase Option Company Notes benefit by 5% compounded benefit by 5% annually
	Company Notes:			Residential	Care Facility Dail	y Benefit Amounts
important c	sempany notes.			Represents the Benefit Amount 100%	e percentage of the Nt.	30%

Waiver of Premium

provided after confinement in a Nursing Facility or Residential Care Facility for a period of 90 days, need not be consecutive days.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$249	\$746	\$216	\$649	\$333	\$998
55	\$311	\$840	\$270	\$730	\$416	\$1,123
60	\$392	\$922	\$341	\$802	\$525	\$1,233
65	\$631	\$1,263	\$549	\$1,098	\$845	\$1,690
70	\$1,100	\$1,904	\$957	\$1,655	\$1,472	\$2,547
75	\$1,914	\$3,062	\$1,664	\$2,662	\$2,560	\$4,096
80	\$3,444	\$5,167	\$2,995	\$4,493	\$4,608	\$6,912

Metropolitan Life Insurance Company

LTC-FAC-CA

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum F	Policy Benefit A	Amounts		Elimination F	Periods		
☐ 1 Yr. ✓ 5 Yrs. ☐ Important 0	✓ 2 Yrs.☐ 6 Yrs.Company Notes:	✓ 3 Yrs.✓ 7 Yrs.	✓ 4 Yrs. ✓ Lifetime	□ 0 days✓ 20 days□ 30 days	☐ 60 days☐ 90 days☑ 100 days	TYPE ☐ Calendar I ✓ Service Da	•
				Inflation Pro	tection		
Nursing Ho	me Daily Bene	efit Amounts		✓ 5% Compos ✓ 5% Simple		teed Purchase O Int Company Not	
	n to \$400 maximurements of \$10.	ım per [day, we ☐ per month	_				
☐ Not Availal	ole						
☐ Important (Company Notes:			Residential (Care Facility Da	aily Benefit Am	ounts
_ important (Joinpuny Notes.			Benefit Amount ✓ 100% ☐ 70%	e percentage of the t. 90% Important Core, contact company for	□ 80% ☑ 7	Daily 75%

Waiver of Premium

Takes effect upon benefit eligibilty (after elimination period is satisfied).

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	20* Day Eliminat	ion Period.	100** Day Eli	mination Period.	100** Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime	e benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$241	\$544	\$209	\$473	\$338	\$763
55	\$334	\$745	\$290	\$648	\$487	\$1,087
60	\$504	\$1,064	\$438	\$925	\$757	\$1,598
65	\$854	\$1,599	\$743	\$1,391	\$1,230	\$2,303
70	\$1,573	\$2,585	\$1,368	\$2,248	\$2,183	\$3,587
75	\$2,685	\$3,952	\$2,335	\$336	\$4,138	\$6,090
80	\$4,444	\$5,927	\$3,865	\$5,154	Not Available	Not Available

New York Life Insurance Company

INH-5000(CA)(1001)

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum	Policy Benefit	Amounts		Elimination	Periods	
□ 1 Yr. ☑ 5 Yrs. □ Important	✓ 2 Yrs.☐ 6 Yrs.Company Notes:	✓ 3 Yrs.☐ 7 Yrs.			☐ 60 days☑ 90 days☐ 100 days	TYPE ☐ Calendar Day ✓ Service Day
				Inflation Pro	otection	
\$50 minimu	ome Daily Bene m to \$300 maximorements of \$10. per week		eek or month]	2%, Simple 3%, S 5%. If the policyh options listed in th year to purchase	✓ Importa natic annual inflation op timple 4%, Simple 5%, older doesn't choose of the Notes below, then he an additional 5% of covering. The offers stop after	teed Purchase Option Int Company Notes Itions: Simple 1%, Simple Simple 6%, and Compound The of the 7 automatic inflation The will receive an offer every The erage at attained age rates The policyholder has
☐ Important	Company Notes:			Residential	Care Facility Da	aily Benefit Amounts
	25pay 110.000.			Represents the Benefit Amount 100%		e Nursing Home Daily 80%

Waiver of Premium

If the optional Enhancement rider is attached to the policy, then premiums are waived as soon as benefits are paid under the Nursing Home or Home Care benefit. If the rider is not attached, then premiums are waived once benefits have been paid for 90 days for Nursing Home or Home Care service. This requirement must be satisfied once for each period of care.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

Day Elimination Period.			Day Elimir	nation Period.	Day Elimination Period.	
3 ye	ear maximum p	oolicy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$314	\$981	\$215	\$672	\$366	\$1,189
55	\$476	\$1,310	\$326	\$897	\$552	\$1,581
60	\$651	\$1,588	\$446	\$1,088	\$750	\$1,905
65	\$965	\$2,050	\$661	\$1,404	\$1,104	\$2,441
70	\$1,496	\$2,758	\$1,025	\$1,889	\$1,697	\$3,273
75	\$2,468	\$4,006	\$1,690	\$2,744	\$2,794	\$4,742
80	\$0	\$0	Not Available	\$0	\$0	\$0

Physicians Mutual Insurance Company

P148CA

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts	Elimination Periods
✓ 1 Yr. ✓ 2 Yrs. ✓ 3 Yrs. ✓ 4 Yrs. ✓ 5 Yrs. □ 6 Yrs. □ 7 Yrs. ✓ Lifetime □ Important Company Notes: Our Facility Care Benefit is monthly so it is 12 times the Facility Care	✓ 0 days ✓ 60 days ☐ 20 days ✓ 90 days ☐ Calendar Day ✓ 30 days ☐ 100 days ✓ Service Day
benefit times the Benefit Period selected. Also, we offer 8 Yrs	Inflation Protection
Nursing Home Daily Benefit Amounts \$900 minimum to \$9000 maximum per [day, week or month] offered in increments of \$100. ☐ per day ☐ per week ☑ per month ☐ Not Available	✓ 5% Compound ✓ Guaranteed Purchase Option ✓ 5% Simple ☐ Important Company Notes Also offer 5% compound capped at 2 x monthly benefit originally selected. The Facility Care Benefit & remaining Maximum Benefit are increased by 5% annually.
☐ Important Company Notes:	Residential Care Facility Daily Benefit Amounts
— important company rector.	Represents the percentage of the Nursing Home Daily Benefit Amount. □ 80% □ 75% □ 100% □ 90% □ 70% □ Important Company Notes

Waive premium after 90 se

We waive premium after 90 service days.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

Day Elimination Period.			Day Elimir	nation Period.	Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$409	\$1,095	\$349	\$936	\$572	\$1,797
55	\$516	\$1,281	\$441	\$1,095	\$724	\$2,091
60	\$696	\$1,601	\$595	\$1,369	\$976	\$2,556
65	\$1,007	\$2,055	\$861	\$1,756	\$1,411	\$3,302
70	\$1,634	\$2,990	\$1,397	\$2,556	\$2,290	\$4,556
75	\$2,878	\$4,777	\$2,460	\$4,083	\$4,032	\$7,056
80	\$4,198	\$6,507	\$3,588	\$5,562	\$5,882	\$9,412

The State Life Insurance Company

S-6001-P-3-CA

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts				Elimination Periods				
☐ 1 Yr.✓ 5 Yrs.☐ Important C	☐ 2 Yrs. ☐ 6 Yrs. Company Notes:	✓ 3 Yrs. ☐ 7 Yrs.	☐ 4 Yrs. ✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	☐ 60 days✓ 90 days☐ 100 days	TYPE ☐ Calendar Day ✓ Service Day		
				Inflation Pro	tection			
Ni maina Ham	na Daile Dana	fit Amounts		✓ 5% Compor	✓ Important	ed Purchase Option Company Notes		
Nursing Hor	ne Daily Bene	etit Amounts		Optional 5% simple increase rider, increases original daily benefit by 5% annually, optional 5% compound increase rider increases daily				
	to \$300 maximumements of \$10. per week	ım per [day, we ☐ per month	•	• • •	oumpounded annually			
☐ Not Availab	le							
☐ Important Company Notes:				Residential (Care Facility Daily	Benefit Amounts		
·	, ,			Represents the Benefit Amount 100% 70%	e percentage of the N t.	0%		

Waiver of Premium

Provided after confinement in a nuring facility or residential care facility for a period of 90 days, days need not be consecutive.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

Day Elimination Period.			Day Elimir	nation Period.	Day Elimination Period.	
3 year maximum policy benefit			3 year maximum policy benefit		Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$252	\$631	\$210	\$526	\$324	\$810
55	\$336	\$758	\$280	\$631	\$432	\$972
60	\$449	\$898	\$374	\$748	\$576	\$1,152
65	\$730	\$1,314	\$608	\$1,095	\$936	\$1,684
70	\$1,207	\$1,992	\$1,006	\$1,660	\$1,548	\$2,554
75	\$1,825	\$2,737	\$1,521	\$2,281	\$2,340	\$3,510
80	\$3,229	\$4,520	\$2,691	\$3,767	\$4,140	\$5,796

Bankers Life and Casualty Company

GR-N370

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum Policy Benefit Amounts				Elimination Periods				
✓ 5 Yrs. ✓ Important Cor		✓ 3 Yrs.☐ 7 Yrs.	✓ 4 Yrs. ✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	 ✓ 60 days ✓ 90 days ☐ 100 days	TYPE ☐ Calendar Day ✓ Service Day		
2920 days is equival	ieni io o years			Inflation Protection				
Nursing Home \$40 minimum to offered in incren ✓ per day	\$300 maximu		ek or month]	Maximum Daily Ber claim episode are ii		imum Benefit Amount p iversary by the selected	er	
☐ Important Cor	mpany Notes			Residential C	Care Facility Daily	Benefit Amoun	its	
				Represents the percentage of the Nursing Home Daily Benefit Amount. □ 80% □ 75% □ 100% □ 90% □ 100% □ Important Company Notes				

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any attached riders and spouse's premium if covered under the same policy.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximum policy benefit		Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$289	\$792	\$264	\$722	\$393	\$1,170
55	\$382	\$1,019	\$348	\$928	\$524	\$1,485
60	\$561	\$1,358	\$511	\$1,237	\$770	\$1,969
65	\$885	\$1,882	\$806	\$1,715	\$1,213	\$2,717
70	\$1,498	\$2,752	\$1,365	\$2,507	\$2,065	\$3,972
75	\$2,568	\$4,128	\$2,340	\$3,761	\$3,490	\$5,840
80	\$4,210	\$6,284	\$3,836	\$5,726	\$0	\$0

BC Life & Health Insurance Company

PFTQ-04-0102

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum Policy Benefit Amounts			Elimination Periods			
☐ 1 Yr. ✓ 5 Yrs. ☐ Important 0	✓ 2 Yrs. ☐ 6 Yrs. Company Notes:	✓ 3 Yrs.✓ 7 Yrs.	✓ 4 Yrs. □ Lifetime	✓ 0 days☐ 20 days✓ 30 days	✓ 60 days✓ 90 days☐ 100 days	TYPE ☐ Calendar Day ☐ Service Day
				Inflation Pro	tection	
				✓ 5% Compos		ed Purchase Option Company Notes
Nursing Home Daily Benefit Amounts						
	n to \$350 maximurements of \$10. □ per week	m per [day, we ☐ per month	-			
☐ Not Availat	ole					
☐ Important Company Notes:			Residential Care Facility Daily Benefit Amounts			
				Represents the Benefit Amount 100%	e percentage of the Nt.	0%

Waiver of Premium

Waived following 90 consecutive days of nursing facility confinement.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 y	ear maximum p	policy benefit	3 year maximu	m policy benefit	Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
55	\$332	\$737	\$302	\$670	\$503	\$1,221
60	\$497	\$1,051	\$452	\$955	\$782	\$1,748
65	\$798	\$1,533	\$726	\$1,393	\$1,214	\$2,303
70	\$1,372	\$2,523	\$1,247	\$2,294	\$2,024	\$3,457
75	\$2,076	\$3,441	\$1,888	\$3,129	\$3,416	\$5,850
80	\$3,168	\$4,682	\$2,880	\$4,257	\$5,680	\$8,314